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Country programme document

Burkina Faso

Summary

The country programme document (CPD) for Burkina Faso is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $50,560,000 from regular resources, subject to the availability of funds, and $50,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale

1. Burkina Faso has seen relatively stable macroeconomic development over the last decade, with an average annual growth rate of 6.5 per cent.[1] However, the country ranked 185th of 188 countries in the 2016 Human Development Index. In 2014, 40.1 per cent of the population lived in monetary poverty, with particularly high levels in rural areas (47.5 per cent compared with 13.6 per cent in urban areas).[2] Multidimensional child poverty is also high, with at least three out of five children deprived in three or more dimensions.

2. Following a series of popular uprisings and political transition periods, successful democratic elections were held in 2015. The new Government has set out its priorities in the National Plan for Social and Economic Development (*Plan National de Développement Economique et Social* (PNDES)) 2016-2020 which contributes to the Sustainable Development Goals. Although the overall situation of the country has been stable, persistent insecurity in the Sahelian belt is a concern which may amplify the refugee crisis in the north and negatively affect the rights of already vulnerable children. Threats by extremist violent groups expose children and adolescents, in the north of the country, to violations of their rights, including temporary closure of schools and health centres and the risk of being recruited into the armed groups.

3. Based on Security Council resolution 2282 (2016) and General Assembly resolution 20/162 of 27 April 2016, the United Nations is piloting a new approach to "sustaining peace" in Burkina Faso to prevent the country's relapse into crisis. This innovative strategy addresses the drivers of instability by specifically targeting political interventions and institutional strengthening in justice and rule of law, security sector reform and national reconciliation. The UNICEF niche lies in fostering child rights within enhanced community resilience, particularly through interventions in education, nutrition and water, hygiene and sanitation (WASH) in communities bordering Mali and Niger.

4. In 2016, the population was estimated at 19 million, with a growth rate of 3 per cent per year. The total fertility rate is 6.2 children born per women and the adolescent fertility rate is 115.4 live births per 1,000 women aged 15-19 years. The population is projected to increase to as much as 28 million by 2030, with 48 per cent under age 18 years.

5. A landlocked country in the Sudano-Sahelian region, Burkina Faso remains highly vulnerable to harmful effects of climate change, with frequent drought and flooding. These irregular climate events pose a threat to crop and livestock farming, aggravating food insecurity and malnutrition. Multiple vulnerabilities, coupled with limited investment in the social sectors, may erode community resilience, making women and children even more vulnerable.

6. Burkina Faso is ranked 144th of 155 countries on the Gender Inequality Index. The main challenges to progress in this area include: female illiteracy and low school enrolment among girls; social and cultural practices that negatively affect gender equality; and limited binding policies and measures against gender discrimination.

7. Between 2010 and 2015, the maternal mortality ratio decreased from 341 to 330 deaths per 100,000 live births and the under-five mortality rate from 129 to 82 deaths per

[1] National Institute of Statistics and Demography, 2014.
[2] *Ibid.*

1,000 live births.[3] The neonatal mortality rate, however, remains relatively high, at 27 deaths per 1,000 live births. In 2015, approximately 44 per cent of pregnant women who tested positive for HIV received antiretroviral therapy, while only 22 per cent of HIV-positive children had access to treatment. The residual rate of mother-to-child transmission (MTCT) of HIV is 8.2 per cent, higher than the target required for elimination of MTCT. The prevalence of HIV among adolescents aged 15-19 years stands at 1.3 per cent (compared to 1.9 per cent among adults), and 70 per cent of those infected are girls.

8. Chronic malnutrition affects 30.2 per cent of children under age 5 years.[4] At the current rate of reduction, the number of children with stunting will decrease by 300,000 between 2015 and 2025, far short of the Sustainable Development Goal 2.2 and World Health Assembly targets. Among newborns in 2016, 549,500 were not protected against iodine deficiency because of low household consumption of iodized salt. Anaemia affects 83.4 per cent of children under 5 years of age, 64.9 per cent of adolescent girls and 61.9 per cent of non-pregnant women of childbearing age. The main factors driving malnutrition are food insecurity, poor diet and childcare practices, poor access to health and sanitation services and limited women's empowerment.

9. Between 1990 and 2015, the percentage of the population with access to an improved water source increased from 44 to 82 per cent.[5] However, inequalities persist across regions and socioeconomic groups: 65 versus 93 per cent among the poorest and the richest groups, and 76 versus 97 per cent in rural and urban areas. Domestic water quality generally is not monitored, and evidence suggests that most households drink contaminated water, even when they have access to an improved water source. The open defecation rate stands at 75 per cent in rural areas. Many schools have no latrines, and those that exist are not properly maintained, a major challenge that fuels absenteeism, especially of girls during their menstrual periods.

10. The gross primary enrolment ratio increased from 80.2 to 83.6 per cent for boys and from 75 to 83.9 per cent for girls between 2011 and 2015.[6] Gender parity was attained at both primary and post-primary levels nationally but not at subnational level. Two in five children aged 6-11 years are not enrolled in school due to dropout (40 per cent), poverty, poor infrastructure and education standards, and a divergence between curricula and labour market demands. The situation is even worse at preschool level, where only 3 per cent of children aged 3-5 years are enrolled, mostly due to lack of access. Poor internal efficiency (24.8 per cent repetition rate) and a low completion rate (29.2 per cent) at post-primary level are raising the percentage of out-of-school-children. The Sahel and East regions are the most disadvantaged, with low enrolment rates and gender inequality.

11. Some 83.6 per cent of children are affected by physical, verbal or emotional abuse or sexual violence, 53.8 per cent of which occurs at school.[7] Among children aged 5-18 years, 34 per cent of girls and 47.7 per cent of boys are working, and 37 per cent of them are involved in hazardous activity, including those working in artisanal gold mines. More than one in five births are not registered. Each year around 1,000 minors in conflict with the law (25 per cent are girls) are deprived of justice services in line with international standards.

[3] The State of the World's Children 2016.
[4] Ibid.
[5] Ibid.
[6] Ministry of Education, 2016.
[7] Situation Analysis, 2016.

Because of negative social norms and cultural practices, 67.6 per cent of women (11.3 per cent of girls under age 15 years) have undergone female genital mutilation/cutting (FGM/C), and 51.3 per cent of girls are married before their eighteenth birthday.

12. The main factors driving these vulnerabilities are: (a) weaknesses in the political and legal framework and in national budget allocation and coordination systems; (b) lack of quality protection services; (c) limited knowledge about child rights among parents and communities; and (d) persistent negative social norms, affecting especially girls.

13. Through the country programme 2011-2017, UNICEF forged strategic partnerships at all levels, including with civil society, communities and donors. Partners recognize the ability of UNICEF to generate and use evidence for political dialogue and advocacy. At the decentralized level, interventions supported by UNICEF in highly marginalized areas continue to help tackle disparities.

14. Recent evaluations suggest that a combination of interventions for supply provision and increased demand in communities, combined with a favourable policy environment, is critical to addressing children's multiple deprivations. Efforts should be focused on communication for development (C4D) and community engagement to drive synergies between the programme components, with emphasis on elimination of social norm-related bottlenecks. In order to foster greater participation and boost social sector performance, a citizen-led social accountability mechanism appears to be a promising initiative. Finally, there is a need to refocus on prevention of stunting, strengthened decentralization and creating traction for youth and adolescents to promote their rights.

Programme priorities and partnerships

15. The overarching goals of the country programme are to: (a) improve the equitable provision and use of child- and adolescent-friendly, quality basic social services; (b) build community resilience, especially in areas where malnutrition and insecurity are highly prevalent; and (c) promote gender equality with an emphasis on empowering adolescents, eliminating child marriage and supporting the continuum of education for girls (preschool, primary and post-primary).

16. The programme will contribute to the Government's strategic vision of development, sustaining peace and security and human rights, and is aligned with the PNDES 2016-2020, the African Union Agenda 2063 and the Sustainable Development Goals.

17. The programme will have components for: health and nutrition; WASH; quality basic education; child protection; social inclusion; and programme effectiveness. These components will draw on the following approaches: (a) strengthened programmatic and geographical convergence, mainly in the Sahel and East regions; (b) resilience building, risk mitigation and emergency preparedness and response; (c) holistic, child-sensitive social protection; (d) promotion of innovation and evidence generation; and (e) adolescent and youth participation.

18. Since the Government endorsed the "Delivering as one" approach in 2016, UNICEF has contributed to the common country assessment and the development of the United Nations Development Assistance Framework (UNDAF) 2018-2020. The programme will support the four UNDAF pillars and will run for three years in accordance with the PNDES and the first reporting milestone for the Sustainable Development Goals.

19. The programme is developed in the spirit of the draft UNICEF Strategic Plan 2018-2021 and will bring together mutually reinforcing strategies in: capacity building; C4D; evidence generation for policy dialogue and advocacy; knowledge-sharing and horizontal cooperation; and monitoring and reporting on international commitments, notably the Convention on the Rights of the Child.

Health and nutrition

20. The health and nutrition component will help to improve access to high-impact interventions that reduce neonatal, infant and child mortality and stunting. UNICEF will continue to contribute to the ongoing sector reform through evidence-based policy dialogue and advocacy, and health system strengthening including the community component.

21. Interventions in health will support: (a) quality care for pregnant women and newborns at institutional and community levels; (b) HIV screening and treatment services with a view to eliminating MTCT and attaining the 90-90-90 targets for children living with HIV; (c) appropriate services to control the main preventable childhood diseases; and (d) adolescent-friendly health services.

22. The interventions in health facilities and communities will focus on 8 of 13 regions where health indicators are below national averages including the Sahel, East and North regions. Effective policy dialogue and advocacy at the national level will support equitable allocation of the state budget, while driving the accountability and improved management of health commodity procurement.

23. Strategies to be employed include: (a) capacity-building of health workers at facilities and in communities to improve quality of care; (b) community engagement in promoting child-friendly practices; (c) introduction and/or scale-up of innovations (mobile health, electronic consultation register, U-Report) and improved supply management system; (d) generation of evidence on the potential impact of innovations; and (e) supply provision in communities.

24. The nutrition programme will encourage adolescent girls, women of childbearing age, especially pregnant and breastfeeding women, and their children aged 0-59 months to adopt optimal nutrition practices and improve equitable use of nutrition-sensitive and specific services. The component will accelerate reduction of the various forms of malnutrition via: (a) efficient, coordinated multisectoral approach and improved nutrition governance through increased awareness, management capacity, domestic resource mobilization and accountability; (b) scale-up of high-impact interventions such as management of acute malnutrition and promotion of optimal infant and young child feeding practices; and (c) strengthened quality nutrition data. The interventions will target the regions with the highest levels of stunting including the Sahel, East and North regions, complemented by national-level interventions.

25. UNICEF will continue to forge partnerships and engage in policy dialogue through the technical and financial partners' group, the Scaling Up Nutrition (SUN) network and the Global Alliance for Resilience Initiative (AGIR). UNICEF will foster strengthened monitoring and evidence generation through a partnership with the Bill & Melinda Gates Foundation, and promote knowledge-sharing on key nutrition programmes.

26. To improve the quality and coverage of nutrition interventions, synergy will be strengthened with WASH through community-led total sanitation and household water treatment, education through early childhood development and adolescent girls' nutrition,

protection through prevention of child marriage and teenage pregnancy, and social inclusion through social safety nets.

27. The component will strengthen its partnerships with: (a) United Nations agencies, including the United Nations Population Fund (UNFPA) and the World Health Organization through the UNDAF and joint programmes such as "All In" and the Global Health Partnership H6; (b) key donors for leveraging resources; and (c) civil society to improve programme effectiveness. UNICEF will continue to promote strong partnerships with the private sector and the Parliament.

Water, sanitation and hygiene

28. The WASH component will help the Government improve access to drinking water and sanitation, eliminate open defecation and promote good hygiene practices in communities, schools and health centres, especially in rural areas. Against a backdrop of climate change, natural disasters (drought and flooding) and emerging epidemics, UNICEF will focus its efforts on improving equitable access to cost-effective technologies for WASH.

29. For the last decade, the WASH sector has made good progress in developing policy documents, with clear division of labour between partners. While some donors provide direct budget support, UNICEF support will draw on effective policy advice, institutional capacity-building, coordination, evidence generation, C4D, leveraging partnerships and innovation. These interventions will focus on the most disadvantaged regions such as Centre West, East and Sahel, as well as at national level.

30. The component will address cross-cutting issues including: (a) prevention of stunting; (b) access to water and sanitation infrastructure and hygiene with a particular focus on menstrual hygiene management in schools; and (c) promotion of the use and maintenance of WASH facilities in health centres.

31. Strategic partnerships will be consolidated with the Ministries of Water and Sanitation, of Health and of Education, as well as key civil society organizations (CSOs) and technical and financial partners. Research will be carried out on emerging themes – climate change and WASH in suburban neighbourhoods – to develop new strategies for the next country programme.

Child protection

32. The component will strengthen the political and legal framework around child protection, and improve access to and use of protection services among children at risk of or affected by abuse, exploitation and violence, including in emergency situations. The interventions will focus on the five regions most affected by violence against children, FGM/C, child marriage and the worst forms of child labour, with an emphasis on young and adolescent girls. Other priorities include birth registration and juvenile justice.

33. UNICEF will strengthen the national child protection system by: (a) better equipping the authorities to strengthen the protective policy and legal system; (b) developing the capacities of institutions and stakeholders to deliver quality protection services; (c) empowering communities and families with information, resources and decision-making authority on child protection; and (d) improving the information management system to produce reliable data to be used for policy and programme development.

34. The component will employ evidence-based advocacy and policy dialogue to develop closer intersectoral links and improve the quality of the integrated child protection services. It will focus on strengthened participation of children and adolescents in driving social norms in favour of child rights and creating an enabling environment for child protection in communities. Strengthening the decentralized protection networks with increased accountability of the municipalities will help to accelerate progress towards these results.

35. UNICEF will work with the Government via the Ministry of Women, National Solidarity and Family which spearheads the sector. It will harness closer United Nations inter-agency partnerships, such as with UNFPA to eliminate negative cultural practices and violence against children, and with the United Nations Development Programme to increase birth registration and improve justice for minors. Through the Child Protection Working Group and thematic groups, it will partner with bilateral and multilateral cooperation bodies and CSOs. This will help to harmonize the strategic vision, approaches and standards across the sector while strengthening advocacy and fostering synergies in support of the child protection system.

Quality basic education

36. Contributing to the National Education and Training Plan 2017-2030, the component will support children aged 3-16 years (mandatory age for education), in particular those living with disabilities and in the most disadvantaged regions (Sahel and East), with improved access to and completion of basic education with gender parity.

37. It will support community-based preschool approaches (ages 3-5 years), help to keep more children in schools and improve learning outcomes (ages 6-11 years) and support a smoother transition between primary and post-primary education (ages 12-15 years), especially for girls.

38. UNICEF will remain a strategic partner to the Government to: (a) increase access to preschool via a multisectoral approach and promotion of local knowledge; (b) reduce the number of out-of-school children by promoting the value of schools in communities and testing alternative education measures such as Franco-Arab schools and catch-up or remedial courses; (c) expand the quality child-friendly schools (Q-CFS) model with an emphasis on children with special needs (children with disabilities, street children and refugees); (d) reduce the dropout rate by improving teaching methods and strengthening curricula; and (e) strengthen capacities of the decentralized education system.

39. UNICEF will continue the joint programme on school feeding to support the Q-CFS in the Sahel region with the Food and Agriculture Organization of the United Nations and the World Food Programme and work with the Partners' group, spearheaded by the Ministry of Education. It will strengthen collaboration with the WASH sector on access to drinking water, sanitation and hygiene at schools, including menstrual hygiene management, and with child protection for elimination of child marriage and FGM/C. Within the multi-country initiative with Mali and Niger, it will promote the safe school strategy in border communities to strengthen school and community resilience to insecurity and other risks. As such, it will model distance learning strategies to expand educational provision in a complex crisis where schools are forced to close.

Social inclusion

40. The component will aim to strengthen social protection systems, and support decentralization and local governance processes via greater community participation in planning, social budgeting and monitoring. It will advocate for child-sensitive social budgeting in line with increased domestic resource mobilization and allocation for priority social sectors, and for effective utilization of resources for children.

41. Updated evidence on poverty and inequality will be gathered to inform policy dialogue to ensure that the needs of the most marginalized children and families are taken into account in strengthening social safety nets and gender-sensitive policies. The component will work with Save the Children and the World Bank on a child-sensitive social protection system.

42. At the decentralized level, it will pursue the reduction of disparities in social indicators through strengthened local governance and social accountability, and citizen-led monitoring. The component will join forces with other sectors to strengthen endogenous community resilience mechanisms.

43. UNICEF will collaborate with the mining sector, in particular through the Corporate Social Responsibility Forum, with a view to influencing the sector's contribution to child-sensitive municipal development plans.

Programme effectiveness

44. The component aims to ensure that the country programme is managed and coordinated effectively through cross-sectoral collaboration in: gender-based programming through girls' education and elimination of FGM/C and child marriage; community resilience; advocacy and external communication; C4D; monitoring and evaluation; promotion of innovations; and emergency preparedness/response. The programme will foster synergies between the components on early childhood development, girls' education and adolescent development, among others. It will support advocacy work with decision makers, influencers and public and private sector partners on child rights, focused on equitable investments in children.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources**	*Total*
Health and nutrition	13 550	19 170	32 720
Water, sanitation and hygiene	7 890	11 160	19 050
Quality basic education	7 330	10 630	17 960
Child protection	6 770	6 920	13 690
Social inclusion	6 120	430	6 550
Programme effectiveness	8 900	1 690	10 590
Total	**50 560**	**50 000**	**100 560**

Programme and risk management

45. The programme will be coordinated with the Ministry of Economy, Finance and Development. UNICEF will continue to chair partners' groups on education, social inclusion and nutrition. UNDAF thematic groups will facilitate joint programming and technical review among United Nations agencies.

46. The main risks foreseen are as follows: (a) insecurity linked to extremist violent groups in bordering communities and major cities, and population movements; (b) natural disasters (mainly drought and flooding); and (c) reduced funding due to shifts in donors' priorities. The main strategy to mitigate these risks is to build resilience among the population through interventions at community and institutional levels and strengthened risk-informed programming.

47. To deliver an effective response to humanitarian crises, UNICEF will carry out joint rapid assessments and strengthen early warning systems with partners, including the government's emergency coordination bodies. The humanitarian country team will revise the inter-agency contingency plan annually. UNICEF will continue to play a leading role in the thematic emergency groups in nutrition, education and WASH. Through its field office in Dori, UNICEF will continue to strengthen decentralized planning and monitoring and early warning systems in the Sahel region.

48. In an effort to maximize resource mobilization, UNICEF will focus on maintaining and expanding its donor portfolio by strengthened visibility, quality of reporting, and knowledge sharing. Emphasis will be placed on decentralized cooperation, generation of evidence on emerging themes (climate change and urbanization) and innovations, and leveraging and better targeting of resources for children.

49. To ensure timely and quality implementation of resources, UNICEF will continue to strengthen the capacity of partners, guided by the harmonized approach to cash transfers (HACT). Introduction of electronic tools will facilitate effective monitoring of recommendations from HACT quality assurance activities.

50. This CPD outlines the contributions of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

51. Monitoring and evaluation will follow a results- and equity-based approach. Indicators will be monitored to track progress on addressing bottlenecks through strengthened incorporation of the Monitoring Results for Equity System in the local monitoring system across programme sectors. UNICEF will ensure evidence-based monitoring and planning during joint programme reviews of the country programme and UNDAF. A midterm programme review will be carried out in 2019 during which time strategic adjustments will be made.

52. An integrated monitoring, evaluation and research plan, complemented by a costed evaluation plan, will guide monitoring and evaluation activities. Evaluations are planned on: (a) gender-based programming; (b) stunting; (c) early childhood development; (d)

National Social Protection Policy and (e) social norms related to FGM/C and child marriage. UNICEF will also support strengthening of the national monitoring and evaluation system through capacity-building and support to the midterm reviews of the PNDES and the National Social Protection Policy.

53. With other United Nations agencies, UNICEF will seek to institutionalize public policy evaluation through strengthening the national statistics system and supporting major national surveys for better availability of quality data for measuring progress of the country programme, UNDAF and the Sustainable Development Goals. The situation analysis will update information on multidimensional child poverty and inequities in child rights, and strengthen evidence-based programming.

Annex

Results and resources framework

Burkina Faso – UNICEF country programme of cooperation, 2018-2020

Convention on the Rights of the Child: Articles 2-3, 5-8, 12-13, 18-20, 23-28, 32-40 **National Plan for Social and Economic Development 2016-2020:** Area 1: institutional reform and modernized government; Area 2: human capital development **Sustainable Development Goals**: 1- 6, 10, 16
UNDAF outcomes (draft): **By 2020:** **1.2:** The Government and other institutions have functioning justice, promotion and human rights protection systems and mechanisms in place. **2.1:** The population with focus on women of reproductive age, newborns, and child and adolescent of both sexes has equitable access to and utilisation of quality health services. **2.2:** Children under 5, young people, adolescents and women have equitable access to multi-sectoral nutrition interventions and services. **2.3:** Children and young people from vulnerable groups – especially women and children living with disabilities and facing emergencies – have access to and complete quality basic education and vocational training, particularly in the Sahel and East regions. **2.4:** Rural and peri-urban populations have increased access to drinking water and sanitation facilities and eradicate open defecation. **3.3:** The most vulnerable groups, especially young people, women, people living with disabilities and the elderly, are covered by inclusive social protection mechanisms. **3.4:** National institutions effectively plan and manage public policy at the national and local levels, based on reliable data and taking account of cross-cutting themes. **4.1:** Institutions at the central and local levels fulfil their climate and environmental risk management duties. **4.2:** Population in the target areas, especially vulnerable groups, are resilient to climate, environmental and economic shocks.
Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas [1]: 1-5

[1] The final version will be presented to the Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Women of childbearing age, pregnant women, newborns, boys and girls under age 5 years and adolescents use quality health services at health facilities and in communities.	Percentage of boys and girls under age 5 years with uncomplicated malaria treated by community health workers (CHWs) within 24 hours in five targeted regions. B: 1.2% (2016) T: 60%	National surveys	1.1: Health workers have competencies to deliver quality integrated health services to mothers and newborns in the five priority regions. 1.2: The Ministry of Health's technical departments are better equipped to improve quality of integrated child health services, targeting preventable diseases in particular, at health care facilities and in the community. 1.3: Health-care facilities and civil society have capacity to deliver appropriate HIV screening and treatment services for pregnant women, adolescents and children in areas where HIV prevalence rates are highest. 1.4: Individuals, families, service providers and communities adopt social norms and practices favourable to maternal, child and adolescent health. 1.5: The health system has capacity to produce and use quality data to develop result-, equity- and gender-based plans and budgets, manage health procurement appropriately and respond effectively to emergencies.	Ministry of Health, Technical and financial partners, Health sectoral dialogue framework, United Nations, civil society, private sector	7 890	7 480	15 370
	Percentage of children under age 5 years with diarrhoea treated with oral rehydration salts plus zinc supplementation (simultaneous administration) by CHWs B: 2.5% T: 60%	Continuous multisectoral survey (CMS)					
	Percentage of deliveries assisted by skilled attendants B: 74% T: 80%	CMS					
	Percentage of HIV-positive pregnant women receiving a full course of ART B: 62.9% T: 70%	Administrative statistics					
	Percentage of adolescents aged 15-19 years who have knowledge on HIV B: Boys: 29.8%; Girls: 30.7% T: 60% (boys and girls)	CMS					
	Percentage of children aged 12-23 months fully immunized B: 83.9% T: 90%						
2. Adolescent girls, women of childbearing	Exclusive breastfeeding rate (0-6 months)	CMS	2.1: The Government has the capacity to implement, monitor and	Ministry of Health, Ministry of	5 660	11 690	17 350

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
age (especially pregnant and breastfeeding women) and their children aged 0-59 months adopt better nutrition practices and use quality nutrition-specific and -sensitive services.	B: 55% T: 70%		coordinate multisectoral approaches in nutrition at central, regional and communal levels. 2.2: Key strategic actors in the nutrition sector are equipped with the technical skills to use data to design strategies and carry out decentralized monitoring. 2.3: Actors in nutrition- specific and -sensitive sectors have capacity to deliver quality nutrition services. 2.4: Adolescent girls, women of childbearing age and family members, including men, and community leaders have knowledge and aptitudes that enable optimal nutrition practices.	Agriculture, United Nations, CSOs, Technical and financial partners, SUN, AGIR			
	Percentage of children aged 6-23 months receiving a minimum acceptable food intake B: 21.5% T: 30%						
	Percentage of households consuming salt with sufficient iodine B: 23% T: 60%						
	Percentage of children under age 5 years with acute malnutrition treated and cured B: 53% T: 75%	Nutrition survey					
3. Children living in rural areas have improved access to quality water, a healthy environment and sustainable sanitation facilities in communities, in schools, and at health centres.	Percentage of the rural population using potable water supply services B: 65.3% T: 75%	CMS	3.1: Technical departments have strengthened capacities to provide improved services for potable water, hygiene and sanitation in rural areas. 3.2: Rural communities are better equipped to increase demand for water and adopt recommended hygiene and sanitation practices. 3.3: WASH sector stakeholders are equipped with an enabling environment for better planning, budgeting, implementing and monitoring of interventions.	Ministry of Water and Sanitation, CSOs	7 890	11 160	19 050
	Percentage of the population practising open defecation B: 52.3% T: 40%						
	Percentage of primary schools with functional latrines complying with national standards B: 68% T: 76%	Administrative statistics					
Outcome 4: Girls and boys aged 3-16 years have access to and complete	Gross preprimary enrolment ratio B:	Administrative statistics	4.1: Communities have a greater demand for inclusive, equitable, quality pre-primary, primary, post-	Ministry of Education, Technical and	7 330	10 630	17 960

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
inclusive, equitable and quality basic education with a particular emphasis on children living with disabilities, girls, and out-of-school children.	National: 2.9% (Girls: 2.9%) Sahel: 0.55% (Girls: 0.55%) East: 1.7% (Girls: 1.7%) T: National: 7.6% Sahel: 1.62% (Girls: 1.62%) East: 3.8% (G: 3.8%)		primary and informal education, especially for children living with disabilities, girls and out-of-school children, and in particular in the Sahel and East regions including in emergency situations. 4.2: Technical departments have capacity to improve the provision of inclusive, equitable, quality pre-primary, primary, post-primary and informal education, especially for children living with disabilities, girls and out-of-school children, including in emergency situations. 4.3: Educatica stakeholders, especially in the Sahel and East regions, are better equipped to support improved access to quality education for girls and boys aged 3-16 years, including in emergency situations. 4.4: Actors in education structures at central, decentralized and community levels, particularly in the Sahel and East regions, have improved organizational and education management capacities, including in emergency situations.	financial partners, Education sectoral dialogue framework, CSOs			
	Gross primary enrolment ratio B: National: 85.9% (Girls: 86.4%) Sahel: 53.4% (Girls: 51.9%) East: 57.5% (Girls: 56.8%) T: National: 95% Sahel: 70.3% (Girls: 70.3%)						
	Primary completion rate B: National: 55.1% (Girls: 61%) Sahel: 24.5% (Girls: 23.3%) East: 39.8% (Girls: 41.5%) T: National: 75.6% (Girls: 75.6%) Sahel: 32.5% (Girls: 32.5%) East: 55.8% (Girls: 55.8%)						
	Post-primary completion rate B: National: 29.2% (Girls: 28.6%) Sahel: 6.5% (Girls: 4.6%) East: 23.5% (Girls: 14.5%) T: National: 38.2% (Girls: 38.2%) Sahel: 14.5% (Girls: 14.5%) East: 35.5% (G: 35.5%)						
5. The most vulnerable	Birth registration rate	CMS	5.1: The child protection authorities	Ministry of	6 770	6 920	13 690

UNDAF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome, regular resources (RR), other resources (OR), (in thousands of United States dollars)		
					RR	OR	Total
girls and boys, especially those at risk of or affected by violence, exploitation and abuse, are better protected in their families and communities by institutions mandated for child protection and the society in general.	(boys/girls) B: 79.2% (81.6%/76.9%) T: 90%		are better equipped to implement a political and legal framework around child protection at all levels. 5.2: Child protection institutions and stakeholders are better equipped to deliver a minimum package of services to children at risk of or affected by the prioritised deprivation. 5.3: Families, communities, children and adolescents (girls/boys) in the target areas, and in society in general, are better informed and equipped to abandon FGM/C, child marriage and violence. 5.4: Actors in child protection are equipped with and use a functional data collection and management system to inform decision-making and monitor interventions at the communal level.	Women, National Solidarity and Family and other relevant ministries, Technical and financial partners National Assembly, United Nations, CSOs			
	Prevalence of violence against children in communities and at schools B: 83.6% (communities); 53.8% (schools) T: 70% (communities); 45% (schools)	Administrative statistics					
	Percentage of girls aged 20-24 years married: before the age of 15 B: 8.9% T: 5% before the age of 18 B: 51.3% T: 48%	CMS					
	Prevalence of female circumcision among girls aged: 0-5 years B: 4.5% T: 2.5% 0-14 years B: 11.3% T: 9%						
	Number of children and women in conflict with the law who have received services according to the minimum standards B: 600 T: 1,500	Administrative statistics					
	Number of child workers withdrawn from artisanal goldmining sites and reinserted						

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
	in communities B: 26,000 T: 32,000						
6. Children (girls/boys) and women, especially the most disadvantaged, have better access to social protection programmes and the state budget allocation to exercise their rights.	Number of girls/boys receiving support from the social protection system B: N/A T: 800,000, including 400,000 girls	Administrative statistics	6.1: Central and decentralised departments, CSOs and local governments have strengthened capacity to set up appropriate social protection mechanisms. 6.2: The departments of the ministries in charge of finance and social sectors are better equipped with capacity to mobilize and manage resources efficiently, and plan and budget based on women's and children's priority needs. 6.3: Local councillors, village development committees, communities and women's and youth organizations have capacity to participate in social planning and budgeting, and citizen monitoring.	Ministry of Finance, Prime Minister, National Assembly, Technical and financial partners, Social protection sectoral dialogue framework	6 120	430	6 550
	Percentage of the state budget allocated to social protection B: N/A T: 5%						
	Percentage of social protection initiatives using the single register to target vulnerable groups B: 0% T: 70%						
	Annual growth rate in tax revenue B: N/A T: 5%						
7. The country programme is efficiently designed, coordinated and supported to meet quality programming standards in attaining the results in favour of the most marginalized children.	Percentage attainment of programme indicators in the annual management plan B: N/A T: at least 80% Number of evaluations completed B: 0 T: 5 HACT completion rate B (2016): programmatic visit: 90%; spot-checks: 84%; audits and micro assessments: 100% T: at least 90%	Annual report	7.1: UNICEF staff and partners have capacity to plan and monitor programme implementation effectively. 7.2: UNICEF staff and partners are equipped with guidance, tools and resources for effective advocacy, external communication and partnership to promote children's rights. 7.3: UNICEF staff and stakeholders have effective coordination mechanisms to strengthen	Government, United Nations, bilateral and multilateral partners, CSOs	8 980	1 698	10 598

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR), (in thousands of United States dollars)*		
					RR	*OR*	*Total*
			intersectoral synergies				
Total resources					**50 560**	**50 000**	**100 560**